

**AGGRESSIVE
TUBE
BENDING INC.**

“The Mercedes of Bends”

9750 - 188TH St.
Surrey, B. C., V4N 3M2

Telephone (604) 882-4872
Toll Free 1-800-991-2363
Facsimile (604) 882-4873

CREDIT APPLICATION
(Please print and complete in full)

Business Name _____
Address _____ City _____ Postal/Zip Code _____
Phone # (____) _____ Fax # (____) _____ E-mail _____
Name & Phone # of Parent Co./ Head Office (If Subsidiary/Division) _____
Premises: Own _____ Rent _____ Landlord's Name & Phone # _____
Type of Business _____ In Business since _____ Business Number _____
Type of Ownership: Corporation _____ Partnership _____ Individual _____
Principals: 1. _____ 2. _____ 3. _____
Position: _____
Accounts Payable Manager _____ Purchasing Agent(s) _____
Credit Limit Required \$ _____ Pst Exemption # _____
Bank _____ Branch Address _____
Account # _____ Account Manager _____ Phone # (____) _____

TRADE REFERENCES

Company:	Contact Name:	Phone #:	Fax #:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

DECLARATION: The undersigned hereby applies for a commercial credit account and certifies that the above information is correct. I/We consent to any inquiries necessary in order to reach a decision regarding this application and agree to abide by your terms of **NET 30 DAYS FROM DATE OF INVOICE** if credit is extended. I/We also agree to pay interest charges on overdue accounts at the rate of 24% per annum (2% per month). Our understanding is the above information will be used solely for the purpose of creating and maintaining our account. All information will be held in strict confidence and will not be provided to any outside agency without our consent, as in accordance with the *Personal Information Protection and Electronic Documents Act*.

Date: _____

Name & Title of Authorized Officer

Signature

Account #	Equifax #	Approved	Date